

The Annual Requirements for Office
Seating, Bid No. 08-180

City/County Amendment to Contract for
Annual Supply of Ammunition Bid No. 08-180
(Second Renewal) 9-14-10

44
45
RECEIVED
C-10-0454
SEP 09 2010
LANCASTER COUNTY
CLERK

This Amendment is hereby entered into on this _____ day of _____, 2010, by and between Office Interiors & Design, Inc., 121 Cherry Hill Blvd., Lincoln, NE 68510 (hereinafter "Contractor") and Lancaster County and The City of Lincoln (hereinafter "Owners"), for the purpose of renewing the Contract C-08-0539, dated October 14, 2008, and E.O. No. 81746, dated October 2, 2008, (the "Contract"), for The Annual Requirements for Office Seating, Bid No. 08-180, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is October 14, 2008 thru October 13, 2009, with the option to renew for **three (3)** additional one (1) year periods; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning October 14, 2010 thru October 13, 2011, (2nd renewal) and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract C-08-0539 and City E.O. No. 81746, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the second additional one (1) year term beginning October 14, 2010 thru October 13, 2011.
- 2) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

The Board of County Commissioners of
Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 14 day of September 2010

Executed this _____ day of _____, 2010

Chris Beutler, Mayor

for Lancaster County Attorney

Supplier, please fill in the following Information and mail back to our office; a faxed copy is not acceptable.

Company Name:	OFFICE INTERIORS & DESIGN, INC.
By: (Name & Title)	(Please Print) Nancy Kraft
By: (Name & Title)	(Please Sign) Nancy Kraft
Company Address:	121 CHERRY HILL BLVD., LINCOLN NE 68510
Company Phone & Fax:	402-484-7500 FX 402-484-7575
Date:	Dated this <u>20</u> day of <u>August</u> , 2010

Client#: 56204

OFFIC1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/13/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSPRO Insurance P.O. Box 6847 Lincoln, NE 68506 402 483-4500		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Office Interiors and Design, Inc. 121 Cherry Hill Blvd. Lincoln, NE 68510		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : General Casualty Co. 24414 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CCS0688134	06/23/2010	06/23/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CBA0688131	06/23/2010	06/23/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0		CCU0688132	06/23/2010	06/23/2011	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		CWC0688133	06/23/2010	06/23/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Lincoln, Nebraska; Lancaster County, Nebraska are named as additional insureds.

CERTIFICATE HOLDER

CANCELLATION 30 Days for Non-Payment

City of Lincoln 440 S. 8th Street Lincoln, NE 68508	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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The Annual Requirements for Office
Seating, Bid No. 08-180

City/County Amendment to Contract for
Annual Supply of Ammunition Bid No. 08-180
(Second Renewal) 9-14-10

RECEIVED
C-10-0455
SEP 09 2010
LANCASTER COUNTY
CLERK

This Amendment is hereby entered into on this _____ day of _____, 2010, by and between Sheppard's Business Interiors, 6221 S. 58th St., Ste. E, Lincoln, NE 68516 (hereinafter "Contractor") and Lancaster County and The City of Lincoln (hereinafter "Owners"), for the purpose of renewing the Contract C-08-0540, dated October 14, 2008, and E.O. No. 81746, dated October 2, 2008, (the "Contract"), for The Annual Requirements for Office Seating, Bid No. 08-180, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is October 14, 2008 thru October 13, 2009, with the option to renew for **three (3)** additional one (1) year periods; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning October 14, 2010 thru October 13, 2011, (2nd renewal) and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract C-08-0540 and City E.O. No. 81746, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the second additional one (1) year term beginning October 14, 2010 thru October 13, 2011.
- 2) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

The Board of County Commissioners of
Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 14 day of September, 2010

Executed this _____ day of _____, 2010

Deb Schorn
W. A. Hering
Brynn Keen
Donna Hollings
Rod Workman

Chris Beutler, Mayor

for Lancaster County Attorney

Supplier, please fill in the following Information and mail back to our office; a faxed copy is not acceptable.

Company Name:	
By: (Name & Title)	(Please Print) <u>CAROLYN Behrens-Nuismer</u>
By: (Name & Title)	(Please Sign) <u>Carolyn Behrens-Nuismer</u>
Company Address:	
Company Phone & Fax:	
Date:	Dated this <u>26th</u> day of <u>August</u> , 2010



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SilverStone Group 11516 Miracle Hills Drive Omaha NE 68154	CONTACT NAME: Christina Perkins PHONE (A/C, No, Ext): 402.964.5424 FAX (A/C, No): 402.557.6323 E-MAIL ADDRESS: cperkins@ssgi.com PRODUCER CUSTOMER ID #: SHEPP-1														
INSURED Sheppards Business Interiors, 725 S. 72nd Street Omaha NE 68114	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Great Northern Ins. Company</td><td>20303</td></tr><tr><td>INSURER B: Cincinnati Insurance Co.</td><td>10677</td></tr><tr><td>INSURER C: Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great Northern Ins. Company	20303	INSURER B: Cincinnati Insurance Co.	10677	INSURER C: Federal Insurance Company	20281	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C: Federal Insurance Company	20281														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 2065972479

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			3589-3110	1/1/2010	1/1/2011	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
EACH OCCURRENCE	\$1,000,000																				
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GENERAL AGGREGATE	\$2,000,000																				
PRODUCTS - COMP/OP AGG	\$2,000,000																				
	\$																				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			7356-0134	1/1/2010	1/1/2011	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$		\$		
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	\$																				
	\$																				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			CCC1179522	1/1/2010	1/1/2011	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$10,000,000</td></tr><tr><td>AGGREGATE</td><td>\$10,000,000</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$10,000,000	AGGREGATE	\$10,000,000		\$		\$						
EACH OCCURRENCE	\$10,000,000																				
AGGREGATE	\$10,000,000																				
	\$																				
	\$																				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			7171-0941	1/1/2010	1/1/2011	<table border="1"><tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td><td><input type="checkbox"/> OTHER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$1,000,000</td></tr></table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	E.L. DISEASE - POLICY LIMIT	\$1,000,000						
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E.L. DISEASE - POLICY LIMIT	\$1,000,000																				
A	Crime			3589-3110	1/1/2010	1/1/2011	<table border="1"><tr><td>Forgery</td><td>\$100,000</td></tr><tr><td>Employee Theft</td><td>\$520,000</td></tr></table>	Forgery	\$100,000	Employee Theft	\$520,000										
Forgery	\$100,000																				
Employee Theft	\$520,000																				

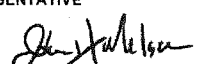
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

10 days notice of cancellation for non-payment of premium.

The City of Lincoln, Nebraska; Lancaster County, Nebraska; are named as additional insured.

CERTIFICATE HOLDER

CANCELLATION

City of Lincoln/Lancaster Cnty Vince Mejer 440 S. 8th Street Lincoln NE 68508	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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The Annual Requirements for Office
Seating, Bid No. 08-180

City/County Amendment to Contract for
Annual Supply of Ammunition Bid No. 08-180
(Second Renewal) 9-14-10

RECEIVED
C-10-0453
SEP 09 2010
LANCASTER COUNTY
CLERK

This Amendment is hereby entered into on this _____ day of _____, 2010, by and between AOI Corporation, 8801 S. 137th Cir., Omaha, NE 68138 (hereinafter "Contractor") and Lancaster County and The City of Lincoln (hereinafter "Owners"), for the purpose of renewing the Contract C-08-0538, dated October 14, 2008, and E.O. No. 81746, dated October 2, 2008, (the "Contract"), for The Annual Requirements for Office Seating, Bid No. 08-180, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is October 14, 2008 thru October 13, 2009, with the option to renew for three (3) additional one (1) year periods; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning October 14, 2010 thru October 13, 2011, (2nd renewal) and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract C-08-0538 and City E.O. No. 81746, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the second additional one (1) year term beginning October 14, 2010 thru October 13, 2011.
- 2) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

The Board of County Commissioners of
Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 14 day of September, 2010

Executed this _____ day of _____, 2010

Deb Schor
County Clerk
James H. Huggenberger
Mayor
Bob Workman

Chris Beutler, Mayor
[Signature]
for Lancaster County Attorney

Supplier, please fill in the following Information and mail back to our office; a faxed copy is not acceptable.

Company Name:	<u>AOI Corporation</u>
By: (Name & Title)	(Please Print) <u>Melinda Shapiro</u>
By: (Name & Title)	(Please Sign) <u>[Signature]</u>
Company Address:	<u>8320 Cody Drive, Lincoln NE 68502</u>
Company Phone & Fax:	<u>(402) 476-0055</u> <u>(402) 476-4500</u>
Date:	Dated this <u>August</u> day of <u>30</u> , 2010



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2010

PRODUCER Phone: 402-861-7000
The Harry A. Koch Co.
P.O. Box 45279
Omaha NE 68145-0279

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
AOI Corporation
8801 South 137th Circle
Omaha NE 68138-3455

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Indemnity Company

25658

INSURER B: Charter Oak Fire Insurance Co

25615

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CO5355R886COF10	8/6/2010	8/6/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	8105355R886COF10	8/6/2010	8/6/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	CUP5355R886IND10	8/6/2010	8/6/2011	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	DTKUB5355R88610	8/6/2010	8/6/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: contract for office furnishings City of Lincoln/Lancaster County is an Additional Insured on GL and Auto. GL is primary & noncontributory, including products and completed operations

CERTIFICATE HOLDER

City of Lincoln / Lancaster County
440 South 8th St, Ste 200
Lincoln NE 68508

CANCELLATION 10 Days Notice for Nonpayment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

The Annual Requirements for Office
Seating, Bid No. 08-180

City/County Amendment to Contract for
Annual Supply of Ammunition Bid No. 08-180
(Second Renewal) 9-11-10 R.W.

C-10-0452
RECEIVED

SEP 09 2010

LANCASTER COUNTY
CLERK

This Amendment is hereby entered into on this _____ day of _____, 2010, by and between **All Makes Office Equipment Co. of Lincoln, 3333 "O" Street, Lincoln, NE 68510** (hereinafter "Contractor") and **Lancaster County and The City of Lincoln** (hereinafter "Owners"), for the purpose of renewing the **Contract C-08-0537**, dated **October 14, 2008**, and **E.O. No. 81746**, dated **October 2, 2008**, (the "Contract"), for **The Annual Requirements for Office Seating, Bid No. 08-180**, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is **October 14, 2008 thru October 13, 2009**, with the option to renew for **three (3) additional one (1) year periods**; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning **October 14, 2010 thru October 13, 2011**, (2nd renewal) and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County **Contract C-08-0537** and **City E.O. No. 81746**, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the second additional one (1) year term beginning **October 14, 2010 thru October 13, 2011**.
- 2) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

The Board of County Commissioners of
Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 14 day of September 2010

Executed this _____ day of _____, 2010

[Signature]
[Signature]
[Signature]
[Signature]
[Signature]

Chris Beutler, Mayor

[Signature]
Lancaster County Attorney

Supplier, please fill in the following Information and mail back to our office; a faxed copy is not acceptable.

Company Name:	All Makes Office Eq Co
By: (Name & Title)	(Please Print) Harlan Priesman Vice President
By: (Name & Title)	(Please Sign) Harlan Priesman V.P.
Company Address:	3333 O Street Lincoln, NE 68510
Company Phone & Fax:	(402) 477-7131 -Phone (402) 473-8330 fax
Date:	Dated this <u>23rd</u> day of <u>August</u> , 2010



ALLMAKE-01

LABE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2009

PRODUCER

(402) 397-5050

Grace/Mayer Insurance Agency, Inc.
10050 Regency Circle, #300
Omaha, NE 68114-3722

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

All Makes Office Equip Co
2558 Farnam St
Omaha, NE 68131

INSURER A: Travelers Property & Casualty

INSURER B: Travelers Indemn. Co. Of Illinois

INSURER C: Phoenix Insurance Co

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6301800C405	12/15/2009	12/15/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	8109365A399	12/15/2009	12/15/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$	CUP1800C405	12/15/2009	12/15/2010	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$ \$ \$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	UB1800C405	12/15/2009	12/15/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Lincoln/Lancaster County are Additional Insureds in regards to General Liability. Spec #05020

CERTIFICATE HOLDER

City of Lincoln
Purchasing Dept.
440 S. 8th St, Ste #200
Lincoln, NE 68508-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

The Annual Requirements for Office
Seating, Bid No. 08-180

City/County Amendment to Contract for
Annual Supply of Ammunition Bid No. 08-180
(Second-Renewal) 9-14-10

RECEIVED
C-10-0450
SEP 09 2010
LANCASTER COUNTY
CLERK

This Amendment is hereby entered into on this _____ day of _____, 2010, by and between Spaces, Inc., 8601 Hauser, Lenexa, KS 66215 (hereinafter "Contractor") and Lancaster County and The City of Lincoln (hereinafter "Owners"), for the purpose of renewing the Contract C-08-0541, dated October 14, 2008, and E.O. No. 81746, dated October 2, 2008, (the "Contract"), for The Annual Requirements for Office Seating, Bid No. 08-180, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is October 14, 2008 thru October 13, 2009, with the option to renew for **three (3)** additional one (1) year periods; and

WHEREAS, the parties wish to renew the Contract for an additional one (1) year term beginning October 14, 2010 thru October 13, 2011, (2nd renewal) and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract C-08-0541 and City E.O. No. 81746, and stated herein the parties agree as follows:

- 1) The Contract shall be renewed for the second additional one (1) year term beginning October 14, 2010 thru October 13, 2011.
- 2) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

The Board of County Commissioners of
Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 14 day of September, 2010

Executed this _____ day of _____, 2010

Chris Beutler, Mayor

for Lancaster County Attorney

Supplier, please fill in the following Information and mail back to our office; a faxed copy is not acceptable.

Company Name:	Spaces Inc
By: (Name & Title)	(Please Print) Wendy O'Brien Account Executive
By: (Name & Title)	(Please Sign) Wendy O'Brien
Company Address:	14950 W. 96th St
Company Phone & Fax:	Lenexa, KS, 66215
Date: 8/30/10	Dated this <u>30th</u> day of <u>August</u> , 2010

CERTIFICATE OF INSURANCE

This certifies that

- ☒ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
☐ STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
☐ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
☐ STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder SPACES INC

Address of policyholder 14950 w 86th st LENEXA KS 66215

Location of operations _____

Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
91-BK-2051-5	Comprehensive Business Liability	06-21-2010	06-21-2011	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	<input checked="" type="checkbox"/> Products - Completed Operations			Each Occurrence \$ 2000000
	<input checked="" type="checkbox"/> Contractual Liability			General Aggregate \$ 4000000
	<input type="checkbox"/> Underground Hazard Coverage			Products - Completed Operations Aggregate \$ 4000000
	<input checked="" type="checkbox"/> Personal Injury			
	<input checked="" type="checkbox"/> Advertising Injury			
	<input type="checkbox"/> Explosion Hazard Coverage			
	<input type="checkbox"/> Collapse Hazard Coverage			
	<input checked="" type="checkbox"/> FOR OFFSITE COVERAGE			
	<input checked="" type="checkbox"/> ENOL-EMPLOYERS OWNED/NONOWNED AUTOS			
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	Each Occurrence \$
	<input type="checkbox"/> Other			Aggregate \$
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY
				Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
91-BK-2051-5 F	ENOL, ALL AUTOS	06-21-10	06-21-11	2000000

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

CITY OF LINCOLN AND LANCASTER COUNTY ARE ALSO NAMED ADDITIONAL INSURED

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder

CITY OF LINCOLN AND LANCASTER COUNTY
440 SOUTH 8TH ST
SUITE 200 SOUTHWEST WING
LINCOLN NE 68508

Signature of Authorized Representative

AGENT

08/30/2010

Title

Date

Agent's Code Stamp

AFO Code F818